INSTRUCTIONS FOR TESTING
NURSING FACILITY ELECTRONIC CLAIMS

If you currently use a billing agent, clearinghouse, or software package to prepare and/or submit claims electronically, we suggest that you contact them to assure that the software used for submitting electronic claims is compliant with the required formats detailed below.

If you are interested in becoming an electronic biller, contact the MDCH Automated Billing Unit at automatedbilling@michigan.gov.

The transition to the National Electronic Data Interchange Transaction Set Health Care Claim**, ASC X12N 837 Institutional version 4010 or UB-92 (Electronic Media Claim version 5.0)** electronic claim format for Nursing Facilities will be **October 1, 2002**. After that date, all electronic claims must be submitted via these formats, regardless of the date of service.

For instructions on claim completion refer to the Uniform Billing Manual and the policy bulletins and Medicaid provider manual pages issued related to Uniform Billing Project changes for Nursing Facilities. These documents can be found on the web at http://www.michigan.gov/mdch. Once you have reached the web site:

- Click on "Providers" on the left side of the screen.
- Click on "Information for Medicaid Providers", the first bullet on the left hand side of the page.
- Click on "Michigan Medicaid Uniform Billing Project" in the middle of the page. Links to all information are listed on this page.

The MDCH website also contains the following useful documents in the section titled Electronic Claims Submission Information:

- 837 Institutional Version 4010 Clarification Document;
- UB 92 EMC 5 Transaction Set;
- MDCH Electronic Billing Manual
- EDI 837 Introduction.

You are encouraged to visit the web site and familiarize yourself with documentation that is available.

MDCH is recommending a two-stage electronic claim submission testing process that is detailed on the following pages.

Stage 1 – Integrity Testing is recommended for electronic billers who plan to submit claims electronically to Michigan Medicaid using the ASC X12N 837 Institutional version 4010 beginning October 1, 2002. This stage provides the opportunity to test electronic claims for syntax and code set errors. This testing is **NOT** available for the UB-92 (Electronic Media Claim version 5.0) electronic claim format.

Stage 2 – Claims Testing for both electronic claim formats is required for all billers submitting electronic claims for providers being transitioned to the standard formats October 1, 2002. This stage will begin in July 2002.

All test claims must be prepared using the formatting specified for the electronic format that you plan to use and must utilize the appropriate revenue and procedure codes. Additional coding requirements can be found in the policy bulletins on the MDCH web site. You are encouraged to utilize the Institutional ASC X12N 837 version 4010, as this will be the only institutional claim format that will be accepted in October 2003.

Electronic billers are urged to submit a representative sample of claims for each provider type for which they bill. Limit the number of claims within the test file to100. If more than 100 claims are submitted in the test file, the state team will review only the first 100 claims. A Remittance Advice (RA) will be produced for the entire test file so that the billing agent may review the results of the remaining claims.

Test claims will not be paid. These claims will be used only for testing purposes.

GovConnect, the MDCH contractor will contact you to discuss the results of your test and review any claim completion or data errors identified. It is anticipated that the testing process and review of test results will require a minimum 5-10 working days to complete.

STAGE 1 – INTEGRITY TESTING

Integrity testing is not available if you are using the UB-92 Electronic Media Claim version 5.0 claim format.

For the ASC X12N 837 version 4010, testing is available via online testing services such as Claredi or Foresight Validator. There will be a charge for testing through Claredi; however, the Foresight Validator testing tool is free.

To test your claims via the Claredi online testing engine, you will need to purchase an account with Claredi. To do so and to begin testing, do the following:

➢ Point your browser to http://www.claredi.com/
➢ Once the page loads, click on the "New Account" link located in the upper right portion of the screen on the Claredi web site's main navigation bar
➢ The "Create Account" page will appear.
   o Select the type of an organization you are registering. Use the "Company Type" drop down menu in the middle of the page. Nursing facilities should select "Other Provider".
   o Select the method of certification you prefer (directly through Claredi, via your clearinghouse, or test as a clearinghouse)
   o Leave the "Claredi Code" text box blank
➢ Click on "Continue"
➢ The "Create Account" page will display multiple fields that are required to create an account with Claredi. These fields include, but are not limited to, user name, password, your name, your job title, and other general contact and descriptive information.
➢ Follow prompts and instructions to test your EDI transactions for HIPAA compliance.

Successful testing via Claredi will result in a certificate. MDCH strongly urges you to become certified on levels one through six of WEDI SNIP. Claredi provides the ability to test your EDI transactions on these levels.

STAGE 2 – CLAIMS TESTING

You must be an authorized electronic biller to complete Stage 2 Claims Testing. Complete integrity testing through the Claredi testing site ***prior to*** submitting test claims to MDCH.

Electronic billers should submit test claim files between July 2002 and September 13, 2002. Please send files for recipients that you currently bill Medicaid for, not "fake" Medicaid numbers. **T*est claims are not live claims and will not be paid.*** No live claims may be submitted for processing in the new format prior to October 1, 2002.

To complete Stage 2 Testing, follow these instructions:

1. The first step of Stage 2 Testing is dependent on your chosen electronic format.

   - <mark>To submit an **ASC X12N 837 Institutional version 4010** test file you must enter a T in ISA15 (Interchange Control Header) and 004010X096T in GS08, (Functional Group Header.) Note that this applies *only* to Nursing Facility test files. Then log onto the DEG (Data Exchange Gateway) and enter the following information:</mark>

     PUT (Your volume\directory\file) space (4780T@DCHEDI). The catalog and file would be the file string for where the file to be tested is loaded on your computer. The following example illustrates this command:

     > PUT C:\CATALOG\4780T 4780T@DCHEDI

     After you have done the put command and the file has transferred, you can do a "DIR" (Directory Command) to see if there is a 4780T file in your Mailbox. If the translator can process the file, it will create an ANSI X12 997 Acknowledgement to use as a "Receipt" that MDCH has received and translated the file.

   - To submit a **UB-92 (Electronic Media Claim version 5.0)** test file, log onto the DEG (Data Exchange Gateway), then enter the following information:

     PUT (Your volume\directory\file) space (3602T@DCHBULL). The catalog and file would be the file string for where the file to be tested is loaded on your computer. The following example illustrates this command:
     > PUT C:\CATALOG\3602T 3602T@DCHBULL.

2. You must then send an e-mail, including a contact name and telephone number, to all of the following contacts to inform DCH that a test file has been submitted:

   > Savaget@Michigan.gov ……………. Tammie Savage
   > Carterj1@Michigan.gov ……………...Felix Carter
   > KatalenichD@Michigan.gov…………..Daryl Katalenich
   > ForbesJill@Michigan.gov…………… .Jill Forbes

3. MDCH will do a preliminary review of the file and, if acceptable, will transfer the file to the test area. If the test file is not acceptable, DCH will advise you of problems contained in the file that prevent further testing and will provide guidance to modify the file according to Medicaid specifications.

4. Once the test file has been accepted, claims will be adjudicated in the test environment and a Remittance Advice will be produced. These documents will be forwarded to GovConnect and MDCH for review.

5. After review of the test file adjudication has been completed, GovConnect will contact you by phone with the results and will be available to answer any questions that you may have related to the results. The entire testing process takes a minimum of 5-10 business days to complete.